PRINT in BLACK ink	٦			1
Enter the name of the	STATE	OF WISCONSIN, CIRCUIT	COURT,	For Official Use
county in which this case			COLINEY	
is filed.			COUNTY	
This form is used for				1
family and paternity				
case types. Some				
information may not	,	Pantidontial Datitia	. A d d a to d 1 1 100	
apply to your case.] (Confidential Petition	n Addendum	
Enter the case number and				Case No.
child support IV-D KIDS				·
number, if known.				IV-D KIDS Case No
	│ _□ 1. Parti	22		
Enter the name, date of	Α.\	Vife/Mother Name:		
birth [month, day, year],	1	Date of Birth:	Social Security Number: _	Phone No
and social security				
number of each party.	B. I	Husband/Father/Alleged Fath	ner Name:	Discount No.
] L	Date of Birth:	Social Security Number: _	Phone No
	C. (Other party (if any):		
Enter the name, date of		Date of Birth:	Social Security Number: _	Phone No
birth [month, day, year],				☐ See attached
and social security number of each child. If	2. Child		المعاملة والمعاملة المعاملة الماران	othou but the westing in this cetion
there are no children.		an children (minor and/or add before or during the marriage		ether by the parties in this action
check none. Attach		None	stroidhornp arc.	
additional pages if		Name of child	Date of birth	Social security number
necessary.		Nume of office	Date of birtin	Coolar Security Hamber
For divorce or legal separation ONLY:				
Enter the name, date of				
birth [month, day, year],				
and social security				☐ See attached
number for any other	В.	•	•	en born to the wife during this
children born to the wife		marriage, but not fathered b	by the husband:	
during the marriage but not fathered by the			.	
husband. If there are		Name of child	Date of birth	Social security number
none, check None.				
	J			☐ See attached
	7			See attached
		Signature		
		Print or Type Name		
The party(s) filing this		Time of Type Name		
addendum must sign and print your name and date		Date		
the document.				
		Signature		
		<u> </u>		
1		Print or Type Name		

Date